PEDIATRICS.

UNDER THE CHARGE OF

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Typhoid Fever in an Infant of Nine Months.—W. P. NORTHRUP (*The Medical Age*, May 10, 1900, p. 331) reports a case which he states is the youngest undoubted case of typhoid fever in his experience. At the time of admission to the hospital under Dr. Northrup's care the father and two brothers of the baby were also patients in the hospital suffering from the same disease. The mother was not infected, and nursed the baby at her breast. The infant had been crawling about the bed of its father, sick in his second week, and of a brother, sick seven weeks, the latter the first of the family to be affected. Twelve days before admission a physician took the baby's temperature and told the mother that the baby had the "same sickness" as the father and brothers. For a week before this the passages were frequent and greenish. The temperature was 103° upon admission, the tongue coated, abdomen hard, distended, and tympanitic, the spleen distinctly palpable one and a half inch below the border of the ribs, the liver also enlarged slightly. Rose spots appeared six days after admission to the hospital. The passages continued frequent, soft, and containing mucus and greenish pultaceous masses for about ten days. By the nineteenth day of the disease the temperature began to fall, and the spleen was markedly reduced in size. From the time the family physician first took the temperature to the end of the fever in the hospital was twenty-four days.

The Widal test confirmed the diagnosis only after the temperature had returned to normal.

The feeding of this case is rather interesting. The mother came three times a day to the hospital and nursed the baby. Other feedings consisted of milk diluted with water and lime-water. This mixture seemed to disagree, as indicated by the passages. Modified milk was therefore substituted. The first prescription was: Fat, 2 per cent.; sugar, 5 per cent.; proteids, 0.75 per cent.; ten feedings of two ounces each, of 10 per cent. alkalinity, and Pasteurized at 155° for twenty minutes. This was fairly borne, and the proportions were increased to fat, 3 per cent.; sugar, 6 per cent., and proteids, 1 per cent., which was found to produce flatulence, with mucus and curds in the stools. The prescription was reduced to the former percentages for a few days, when the symptoms were relieved, and the prescription was again changed to the stronger combination. From this point the ingredients of the mixture were gradually increased to a 4-7-2 mixture.

[This case illustrates the point which Dr. Northrup has long maintained, that typhoid fever is a disease to which there is little susceptibility in tracts at death; they destroy sensibility and muscular contraction and produce marked paralyses, slowed and irregular respiration, and convulsions. These characters approach closely those produced by injection of human urine into rabbits, particularly if from patients suffering from certain neuroses. The suggestion is made that very toxic urines may contain a body possessing a nitrite function. (2) The influence of the CO_2H group considerably diminishes the toxic power of the nitrites without always destroying the inherent properties of the CH—that is to say, during the administration of these derivatives the symptoms of the cyanic group appear. The CO_2H group is not the only one which produces modifications; the SO_3H group behaves in an analogous manner.—*Les Nouveaux Remèdies*, 1900, No. 9, p. 193.

Epicarin in Dermatology.—DR. CARL G. PFEIFFENBERGER has made use of this substance in pediatric practice, especially for scabies and prurigo. Noting the irritation produced by naphthol, the dangers of nicotine, and the unpleasant effects of styrax, he congratulates himself on the absence of untoward symptoms from fifty instances of the use of this substance. This occurs as a reddish powder of sour odor, and is a condensation product of cresotinic acid and naphthol. It is acid, and dissolves readily in alcohol, ether, and vaseline; in the latter a 7 per cent. solution is employed. Inunction is practised once daily (in the evening) and the following day a warm bath is given. Finally the cure is completed by diachylon or zinc ointment. The following is presented as an eligible form of administration: Epicarin, 7; chalk, 2; white vaseline, 30; lanolin, 15; lard, 45.—*Klinische-therapeutische Wochenschrift*, 1900, No. 19, S. 586.

Treatment of Typhoid Fever.—DR. FRANK BILLINGS believes better results are obtained from hygiènic than from drug treatment. General management: Select a room free from hangings and upholstery, preferably carpetless, sunny, near a water-closet which may be wholly under the nurse's control. Thorough cleanliness is essential. Soiled garments and bedlinen are best disinfected by immersion in corrosive sublimate (1 : 1000); the same solution may be used on the patient's skin. Feces and urine contain the bacilli and are the usual media of contamination of soil and drinking-water. Both should be thoroughly disinfected. An efficient nurse can prevent dry, cracked lips, dirty tongue, sordes, and bed-sores. Milk is the best diet. It may be modified by dilution with lime-water, Vichy, or other mineral waters, or it may be boiled or peptonized. Buttermilk, koumyss, and matzoon are useful. Occasionally patients cannot digest milk; substitute thoroughly cooked gruels, made from any of the cereals, mix well with milk or animal broths, or plain water. Animal broths are of more value as stimulants than as nourishment. They must not be used alone as foods, nor if there be diarrhœa. In patients who are not seriously ill, in whom the usual nervous phenomena are absent, possessing good appetite and good digestion, ordinary mixed diet of liquids and solids is often well borne. Others, profoundly ill, exhibiting the typhoid state, badly poisoned, suffering from nausea, vomiting, poor digestion, constipation, or diarrhœa, require scrupulous care in selection of diet, and for these milk constitutes the ideal food. There are all grades between these extremes, and diet must be chosen accord-